

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
OCT 01 2018
Bayfield Co. Zoning Dept.

ENTERED

Permit #:	18-0442
Date:	10-24-18
Amount Paid:	\$861 10-2-18 \$175 10-2-18
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input checked="" type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Darlene Bloomquist</u>	Mailing Address: <u>81790 ST Hwy 13</u>	City/State/Zip: <u>Washburn, WI 54891</u>	Telephone: <u>715-682-2230</u>
Address of Property: <u>67525 N Verners Rd</u>	City/State/Zip: <u>Ashland, WI 54806</u>	Cell Phone:	
Contractor: <u>Granger Builders Inc</u>	Contractor Phone: <u>715-278-3269</u>	Plumber: <u>Blakeman Plumbing & Heating</u>	Plumber Phone: <u>715-682-6050</u>
Authorized Agent (Person Signing Application on behalf of Owner(s)): <u>Patrick Schmal Granger Builders</u>	Agent Phone: <u>715-278-3269</u>	Agent Mailing Address (include City/State/Zip): <u>65166 Main St Marquette WI 54855</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>SW NW 1/4, 1/4</u>	Legal Description: (Use Tax Statement) <u>15682</u>	Tax ID# <u>1160858-281</u>	Recorded Document: (Showing Ownership) <u>Property Taxes</u>
Gov't Lot	Lot(s)	CSM	Vol & Page <u>1160858-281</u>
Section <u>14</u>	Township <u>42</u> N, Range <u>105</u> W	Town of: <u>Eileen</u>	Subdivision:
Lot Size			Acreage <u>40</u>

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline : _____ feet		
<input checked="" type="checkbox"/> Non-Shoreland				

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	# of bedrooms in structure	What Type of Sewer/Sanitary System Is on the property?	Type of Water on property
\$ <u>282,600</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2 c note	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Mound</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/> _____
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> _____	Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length: <u>44'</u>	Width: <u>28'</u>	Height: <u>21'</u>

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(<u>44</u> x <u>28</u>)	<u>1232</u>
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(<u>44</u> x <u>28</u>)	<u>1232</u>
	<input checked="" type="checkbox"/>	with Loft	(<u>22</u> x <u>28</u>)	<u>616</u>
	<input type="checkbox"/>	with a Porch	(X)	
	<input type="checkbox"/>	with (2 nd) Porch	(X)	
	<input checked="" type="checkbox"/>	with a Deck	(<u>58</u> x <u>8</u>)	<u>464</u>
<input type="checkbox"/> Commercial Use	<input checked="" type="checkbox"/>	with (2 nd) Deck	(X)	
	<input checked="" type="checkbox"/>	with Attached Garage	(<u>24</u> x <u>24</u>)	<u>576</u>
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building (specify) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
<input type="checkbox"/>	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Date _____

Authorized Agent: Patrick F. Schmal
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

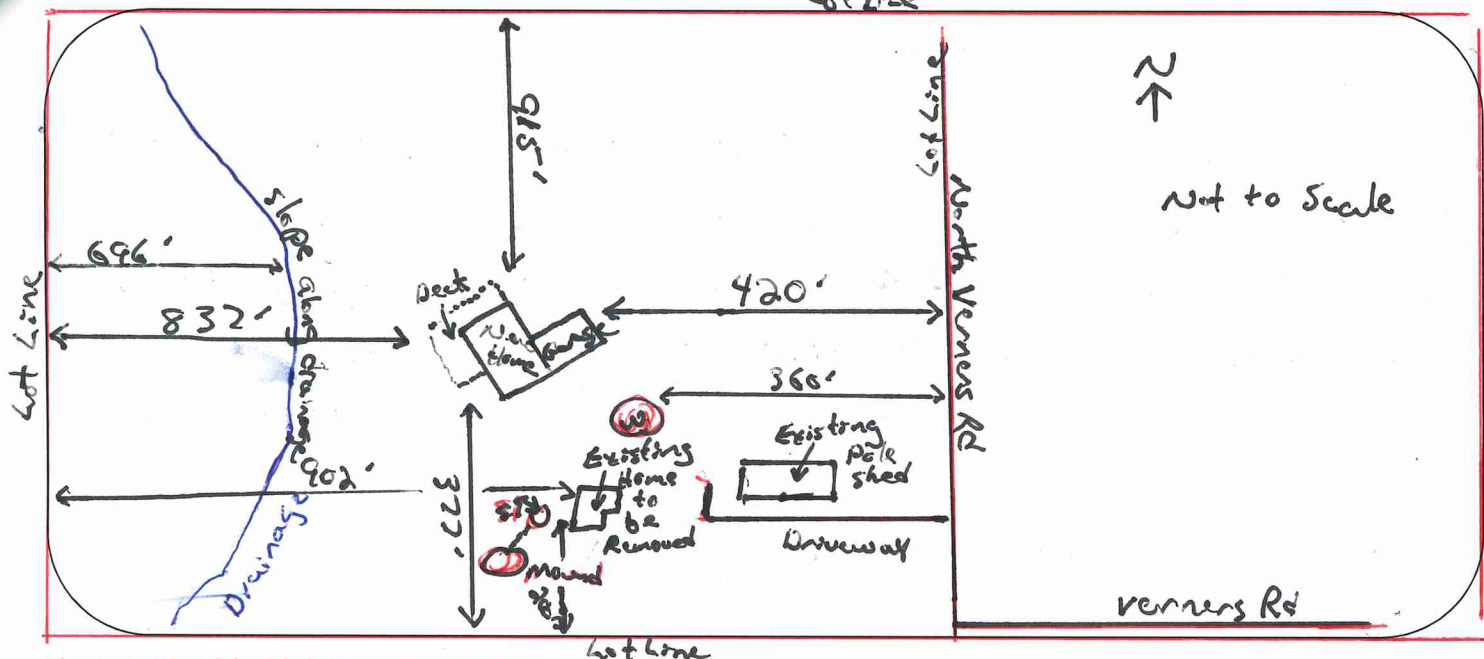
Date 10/01/18

Address to send permit 65166 Main Street Marquette, WI 54855

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Lot Line



Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	400 420 Feet		Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	420 Feet		Setback from the River, Stream, Creek	250 Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	915 Feet			
Setback from the South Lot Line	377 Feet		Setback from Wetland	Feet
Setback from the West Lot Line	837 Feet		20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	420 Feet		Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	200 Feet		Setback to Well	360 Feet
Setback to Drain Field	Feet			
Setback to Privy (Portable, Composting)	Feet			
<p>Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.</p> <p>Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure; or must be marked by a licensed surveyor at the owner's expense.</p>				

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 09-1175		# of bedrooms: 2	Sanitary Date: 9/9/9						
Permit Denied (Date):		Reason for Denial:									
Permit #: 18-0442		Permit Date: 10-24-18									
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No <input type="checkbox"/> No <input checked="" type="checkbox"/> No		Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:				Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Case #:							
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No used Land Marks		Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No				
Inspection Record: 10/15/18 Darlene called & sent Note that this is going to be a 2 BDRM Home - talking about F&C 3 BDRM - She said No only planning 2 + She sent e-mail							Zoning District (A-1) Lakes Classification (—)				
Date of Inspection: 10/6/18		Inspected by: [Signature]		Date of Re-Inspection:							
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.)											
Signature of Inspector: [Signature]				Date of Approval: 10/15/18							
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>					

14-18 DOES THIS STILL NEED FLOWS + LOADS? ~~NO~~ TRA? ~~OK~~ FILL OUT INSPECTION

village, State or Federal
May Also Be Required
USE - **X**
UNITARY - **Reconnect #09-117S**
SIGN -
SPECIAL - **Class A**
CONDITIONAL -
BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **18-0442** Issued To: **Darlene Bloomquist / Patrick Jolma, Agent**

Location: **SW** $\frac{1}{4}$ of **NW** $\frac{1}{4}$ Section **14** Township **47** N. Range **5** W. Town of **Eileen**

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Use:** [**1.5 - Story; Residence** (44' x 28') = 1,232 sq. ft.; **Loft** (22' x 28') = 616 sq. ft.;
Deck (58' x 8') = 464 sq. ft.; **Attached Garage** (24' x 24') = 576 sq. ft.]
Total Overall = 2,888 sq. ft.

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): **A UDC permit from the locally contracted UDC inspection agency must be obtained prior to the start of construction if required. Must meet and maintain setbacks.**

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval.
This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.
This permit may be void or revoked if any performance conditions are not

completed or if any prohibitory conditions are violated.

Tracy Pooler

Authorized Issuing Official

October 24, 2018

Date